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	APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORN	EY DOCKET NO.	CONFIRMATION NO.	
TTT		10/22/2001 N: SYSTEM FOR AND N	METHOD OF SELECTE	Edwin Tam NG AND PRESENTIN	IG USER CUSTOMIZ		EFERENCES	9740	
L	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
_	nonprovisional	YES	\$700	\$0	\$0		\$700	12/11/2006	
<u> </u>	EXAMINER		ARTUNIT CLASS-SUBCLA						
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.								cument has been filed for	
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	othorized Signature	Todd .	a. Pette		Date	ctobe	- 23,		
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Atty. Dkt. No. 051373-0113

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Edwin Tam

Title:

SYSTEM FOR AND METHOD

OF SELECTING AND PRESENTING USER CUSTOMIZABLE PREFERENCES

Appl. No.:

10/045,474

Filing Date:

10/22/2001

Examiner:

Nguyen, Cao H.

Art Unit:

2173

Batch No.:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being tacelmite transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.

Todd A. Rathe

(Printed Name)

10/23/2006 (Date of Deposit)

ISSUE FEE TRANSMITTAL

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a credit card authorization in the amount of \$1000

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-3815. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, or as by a Credit Card Authorization being in the wrong amount, unsigned, denied, missing or otherwise improper, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3815.

Atty. Dkt. No. 051373-0113

Respectfully submitted,

Date October, 23, 2006

RATHE PATENT & IP LAW

Customer No. 59555

Telephone: (262) 478-9353

Facsimile:

(262) 238-1469

Todd A. Rathe

Attorney for Applicant

Registration No. 38,276